

4176

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State Arizona		State File No. <b>31</b>	
County <u>Cochise</u>				or Village		Registered No. <u>124</u>	
Township <u>Douglas</u>				No. <u>County Hospital</u>		St. _____ Ward _____	
City <u>Douglas</u>				(If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred <u>33</u> yrs. _____ mos. _____ da.				How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ da.			
2. FULL NAME <u>Willard Woodward Sampson</u>							
(a) Residence: No. <u>500- 14th St.</u>				St. _____ Ward _____		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Louisa Chapman Sampson</u>							
6. DATE OF BIRTH (month, day, and year) <u>March 1865</u>							
7. AGE		Years <u>68</u>	Months <u>5</u>	Days _____	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rooming House</u>					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
MOTHER		10. Date deceased last worked at this occupation (month and year) _____					
		11. Total time (years) spent in this occupation _____					
FATHER		12. BIRTHPLACE (city or town) (state or country) <u>Nebraska</u>					
		13. NAME <u>Russell Sampson</u>					
MOTHER		14. BIRTHPLACE (city or town) (State or country) <u>Penn.</u>					
		15. MAIDEN NAME <u>Not Known</u>					
MOTHER		16. BIRTHPLACE (city or town) (State or country) <u>Not Known</u>					
		17. INFORMANT <u>Louisa Sampson</u> (Address) <u>500- 14th St. Douglas</u>					
MOTHER		18. BURIAL, CREMATION, OR REMOVAL Place <u>Douglas</u> Date <u>8-14-33</u>					
		19. UNDERTAKER <u>Porter &amp; Ames</u> (Address) <u>Douglas Arizona</u>					
MOTHER		20. Filed <u>8/14/33</u> <u>Stearns</u> Registrar					
		21. DATE OF DEATH (month, day, and year) <u>8- 11-33, 19</u>					
MOTHER		22. I HEREBY CERTIFY, That I attended deceased from <u>July 21st</u> , 19 <u>33</u> , to <u>August 11th</u> , 19 <u>33</u> I last saw him alive on <u>August 11th</u> , 19 <u>33</u> , death is said to have occurred on the date stated above, at <u>11.40 A. M.</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u> Other contributory causes of importance: <u>Diabetes Mellitus</u>					
		Name of operation <u>none</u> Date of _____ What test confirmed diagnosis? <u>Physic</u> Was there an autopsy? <u>No</u>					
MOTHER		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.					
		Manner of injury <u>#</u> Nature of injury _____					
MOTHER		24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>S. W. Anderson</u> M. D. (Address) <u>Neuglers Ave</u>					

Back of Certificate to be used for any additional information